

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10587615**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4						
5				1		1
6				1		1
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20				1		1
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23				1		1
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26				1		1
27				1		1
28			1		1	
29				1		1
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31						
32				1		1
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34				1		1
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40				1		1
41				1		1
42			1		1	
43				1		1
44			1		1	
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.	0	↓	7	↓	7	↓
TOTAL DEP.	0	←	27	←	27	←
TOTAL CLAIMS	0		34		34	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	